

NOTICE OF FORM CHANGE NO. 07-070

DATE

09-05-2007

TO:

County Welfare Director
 Supply Clerk / Forms Coordinator
 Community Care Licensing District Offices
 District Attorney
 Private and Public Adoption Agencies
 Other

FROM:

Forms Management Unit
 (916) 657-1907

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE

SAWS 2 (7/07)

Statement Of Facts For Cash Aid, Food Stamps, and Medi-Cal 34-County

ORDER UNIT SET	<input type="checkbox"/> Free <input checked="" type="checkbox"/> Sold	ESTIMATED PRICE ENG = \$.14 / SP = \$.14	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 7/07	REPLACES 1/07	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 OTHER: INTERNET: INTRANET:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify) I-44-07

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.dss.cahwnet.gov/Forms/English/SAWS2.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to
www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at
fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.